

# CLAIMS ONLY

						Application Number		Filing Date		
						Applicant(s)				
<small>* May be used for additional claims or amendments</small>										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep.	Depend.	Indep.	Depend.
	Indep	Depend	Indep.	Depend	Indep	Depend				
1							51			
2							52			
3							53			
4							54			
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46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	2						Total Indep			
Total Dépend	4						Total Depend			
Total Claims	6						Total Claims			